

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0403	ENTERED
Date:	12-9-2021	
Amount Paid:	online \$75.00 8-28-21 check \$225.00 11-8-21	
Other:		
Refund:		

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input checked="" type="checkbox"/> LAND USE		<input checked="" type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Walter Robert Borgstrom				Mailing Address: PO BOX 41 PORTWING, WI 54865				City/State/Zip: PORTWING, WI 54865				Telephone: 715-220-0492			
Address of Property: 80825 Swanson Road				City/State/Zip: PORTWING, WI 54865								Cell Phone:			
Email: (print clearly) Walterborgstrom@gmail.com															
Contractor: Walter Borgstrom				Contractor Phone: 715-220-0492				Plumber: POLKOSKI				Plumber Phone: 715-220-0492			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)						Tax ID# 28026		Recorded Document: (Showing Ownership) 2018R 574736					
NE 1/4, NW 1/4		Gov't Lot		Lot(s)		CSM		Vol. & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section 10		Township 49N		N, Range 08		W		Town of: PORTWING		Lot Size		Acreage 40.000			

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$30,000	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: Holding tank	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Current Footings	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Seasonal		<input type="checkbox"/> None	<input type="checkbox"/>	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 40 feet	Width: 14 feet	Height: 14 feet

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(14 x 34)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	14 x 34	476
		with Loft	13 x 8	104
		with a Porch	(14 x 6)	84
		with (2nd) Porch	(x)	
<input type="checkbox"/> Commercial Use		with a Deck	(x)	
		with (2nd) Deck	(x)	
		with Attached Garage	(x)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(x)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(x)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(x)	
	<input type="checkbox"/>	Accessory Building (explain)	(x)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(x)	
	<input type="checkbox"/>	Special Use: (explain)	(x)	
	<input type="checkbox"/>	Conditional Use: (explain)	(x)	
	Other: (explain)	(x)		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Walter Borgstrom
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 9/29/2021

Authorized Agent: (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date:

Address to send permit: PO BOX 41 PORTWING, WI 54865

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

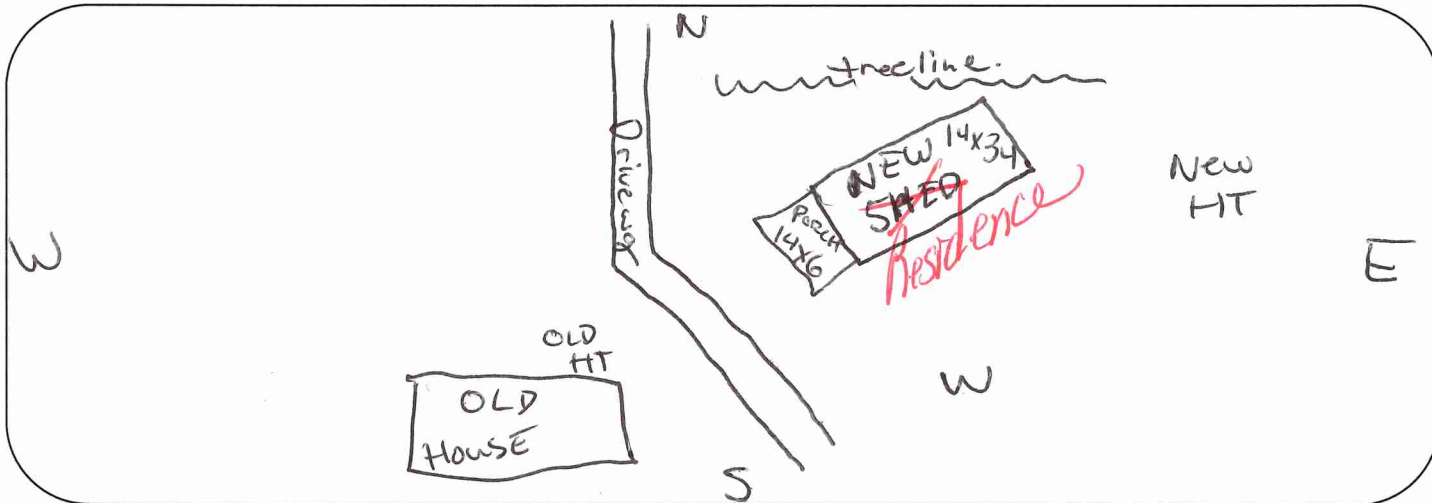
All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements	
Setback from the Centerline of Platted Road	63 → 75	Feet	Setback from the Lake (ordinary high-water mark)	—	Feet
Setback from the Established Right-of-Way	30	Feet	Setback from the River, Stream, Creek	—	Feet
			Setback from the Bank or Bluff	—	Feet
Setback from the North Lot Line	1100	Feet			
Setback from the South Lot Line	180	Feet	Setback from Wetland		Feet
Setback from the West Lot Line	310	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setback from the East Lot Line	960	Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	20	Feet	Setback to Well	175	Feet
Setback to Drain Field	—	Feet			
Setback to Privy (Portable, Composting)	—	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 21-2105	# of bedrooms: 4	Sanitary Date: 11-30-21
Permit Denied (Date):		Reason for Denial:		
Permit #: 21-0403		Permit Date: 12-9-2021		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created		Were Property Lines Represented by Owner		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		Was Property Surveyed		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No stakes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: Site staked and appears code compliant. Existing house is in disrepair and will be torn down, per owner.				Zoning District (A61)
Date of Inspection: 10-29-21				Lakes Classification (—)
Inspected by: Todd Norwood				Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)				
Must obtain a uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain setbacks. Existing old house must be removed from site within one year of this permit's issuance date.				
Signature of Inspector: Todd Norwood				Date of Approval: 12-6-21
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>		

If house isn't removed, owner must obtain a conditional use permit for multiple residences.

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:
www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)



Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a **Class A** special use request. **Note:** The Town's **Planning Commission** meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner Walter Borgstrom Contractor Walter Borgstrom
Property Address 80825 Swanson Road Authorized Agent _____
Port Wing, WI 54865 Agent's Telephone _____
Telephone 715-220-0492 Written Authorization Attached: Yes () No (X)

Accurate Legal Description involved in this request (specify **only** the property involved with this application)

____ 1/4 of ____ 1/4, Section 10, Township 49 N., Range 08 W. Town of Port Wing

Govt. Lot ____ Lot ____ Block ____ Subdivision ____ CSM# ____

Volume ____ Page ____ of Deeds Tax I.D# 28026 Acreage 40

Additional Legal Description: _____

Applicant: (State what you are asking for) Zoning District: AB1 Lakes Classification NA

TO Put small cabin 14'x40' on Property existing well,
New Holding tank system

We, the Town Board, **TOWN OF** Port Wing, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

Improves tax base

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: November 2017

Signed:

Chairman: [Signature]

Supervisor: [Signature]

Supervisor: [Signature]

Supervisor: [Signature]

Clerk: [Signature]

Date: 10/13/21

Bayfield County, WI



Real Estate Bayfield County Property Listing**Today's Date:** 12/6/2021**Property Status:** Current**Created On:** 3/15/2006 1:15:57 PM**Description**

Updated: 6/29/2021

Tax ID: 28026
PIN: 04-042-2-49-08-10-2 01-000-10000
Legacy PIN: 042102607000
Map ID:
Municipality: (042) TOWN OF PORT WING
STR: S10 T49N R08W
Description: NE NW IN DOC 2018r-574736 206
Recorded Acres: 40.000
Calculated Acres: 39.022
Lottery Claims: 0
First Dollar: Yes
Zoning: (AG-1) Agricultural-1
ESN: 127

**Tax Districts**

Updated: 3/15/2006

1 STATE
 04 COUNTY
 042 TOWN OF PORT WING
 044522 SCHL-SOUTHSHORE
 001700 TECHNICAL COLLEGE

**Recorded Documents**

Updated: 10/1/2018

PERSONAL REPRESENTATIVES DEED

Date Recorded: 9/27/2018

2018R-574736**Ownership**

Updated: 6/29/2021

WALTER R BORGSTROM

SOMERSET WI

Billing Address:

WALTER R BORGSTROM
 2040 COUNTY ROAD C
 SOMERSET WI 54025

Mailing Address:

WALTER R BORGSTROM
 2040 COUNTY ROAD C
 SOMERSET WI 54025

**Site Address** * indicates Private Road

80825 SWANSON RD PORT WING 54865

**Property Assessment**

Updated: 9/7/2021

2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.000	8,000	52,300
G4-AGRICULTURAL	39.000	5,200	0

2-Year Comparison

	2020	2021	Change
Land:	11,350	13,200	16.3%
Improved:	20,100	52,300	160.2%
Total:	31,450	65,500	108.3%

**Property History**

N/A

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL – **TBA** (Town of Port Wing-10/18/2021)
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0403** Issued To: **Walter R Borgstrom**

Location: **NE** ¼ of **NW** ¼ Section **49** Township **49** N. Range **8** W. Town of **Port Wing**

Gov't Lot Lot Block Subdivision CSM#

Residential

For: **Residence: [1-Story w/ Loft], Residence (34' x 14'); Loft (13' x 8'); and Porch (14' x 6') = 664 sq. ft.]**
at a Height of 14'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must obtain a Uniform Dwelling Code (UDC) Permit from the locally contacted UDC Inspection Agency prior to start of construction. Must Meet and Maintain Setbacks. Existing Old House must be removed from site within one (1) yr of this permit issuance date. If house is not removed, owner must obtain a conditional use permit for multiple residences on a parcel.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood, AZA

Authorized Issuing Official

December 9, 2021

Date